

BRONX

September 5, 2003

118Z

C/O Honored Panel Members

Good Morning, My name is ENA Thompson-Judd. I work at the St. Albans Extended Care Center, I am a nursing assistant. My present job is union president. I am here to address this issue that is of great concern to me. The issue is care in CARES. As an employee and a representative of many former military individuals I implore you to forget the pretty acronym of cares and address it's Non-Caring effect on the Veterans. We are a nation built on the blood and backs of Veterans, from the Revolutionary War to the present Iraqi War. I say to you that we have never so blatantly let down our Veterans, as we are soon to do if CARES is implemented in the current form.

Take for instance the overwhelming fact that our veteran population will increase over the next 7 years. VA Facilities is equipped with people who empathize and sympathize with those who serve, because many of them have served our nation also. Another point is when CARES is enacted there will be many jobs lost. Some of those jobs will be Veteran's jobs, putting those Veterans again in a life risking position.

We all know and realize that private industry owes the Veterans no alliance to hire or to treat them.

Therefore it will not be less costly to take care of our Veterans, in the private industry because the bottom line is they are all about money. Private industry is also under staffed. Even if they wanted to care for these veterans they do not have the skill and the experience to give the Veterans the care they need and deserve.

In order for CARES to work, we'll have to built, or expand on the space we already have for our Veterans. If we decided to close any facility we should first consider building before we close any facilities.

In conclusion while we all realize change is painful, it can be bearable if those who must change have a voice in the plan of change. I and other stakeholders of VISN III/NYHHCS was involved in the recommendation put forth to the CARES committee and were GRATELY relieved to see such a good response to our recommendation. I stand before you and lend my support to the full plan submitted on the behalf of NYHHCS. In closing, I would like to say AS A WIFE OF A VETERAN; I have always and continue to work with the Department of Veterans Affairs to do what best for all our nations Veterans. We also hope that whatever plans are finalized can be implemented with the least amount of pain and the greatest benefit to our Veterans.

Sincerely,

ENA Thompson-Judd
ENA Thompson-Judd
Union President, Local 1988

9/5/03

Cheryl Jones, RRT
President, AFGE Local 862
New York Harbor Healthcare System, Brooklyn Campus

My name is Cheryl Jones. I am President of AFGE Local 862 at the New York Harbor Healthcare System, Brooklyn Campus. We represent approximately 290 professional employees.

First, I would like to acknowledge the Cares Committee for all the hard work they have done with getting this report together.

AFGE's over-whelming, general concern is that the recommendations fail to take in account that the population of elderly veterans will grow by 500,000 over the next 7 years and the number of very elderly veterans (age 85 plus) will triple to over 1.3 million for at least the next 20 years.

The implication of the CARES plan is that none of these veterans will receive long term care at VA facilities. Rather there care will be privatized and they will not have the benefit of specialized, Veterans only facilities. As a respiratory therapist, coming from the private sector several years ago to a VA hospital, was a true eye opener for me. I had never seen such camaraderie. Patients to patients, staff to patients and visa versa. The large volunteer staff, which is made up of mostly veterans, should be applauded. Nowhere in the private sector can you find this. Providing Veterans care at Veterans facilities was a *SOLEMN PROMISE* that *CARES* tries to break

The CARES plan means the destruction of many good jobs held overwhelmingly by veterans, which will increase the number of indigent veterans needing care and housing. Jobs at Veterans facilities are some of the best jobs in the community. They have good pensions, health insurance, regular salary adjustments, training and career development potential. The workforce is diverse. Commitment to veterans is a top motivator of this workforce. The same will not be true in private facilities where veterans will be a minority and no one will consider their special problems and/or needs.

Closing VA facilities that can be refurbished to meet the long term care needs of the large and growing population of elderly veterans wastes precious dollars that should be used for veterans.

Privatization of Veterans long-term care, either for those with dementia or psychiatric problems is neither cost-effective nor consistent with the promise of lifetime care our nation has made to our veterans.

The private sector nursing home industry trade association estimates the cost per patient for long-term care will exceed \$100,000 per year in the next decade. The not-for-profit veterans' system can provide superior care to veterans for a lower cost. Private nursing homes are notorious for under staffing and failing to provide any continuity of care since turnover is very high and morale very low. The constant pressure for profits in the industry makes patient care a low priority while making money is the highest priority. This is not the standard of care our veterans deserve.

The VA says it wants to use "Enhanced Use Leases" when they respond to our charge that they have no plan to meet the veterans' long-term care needs. There is no data that shows that the private sector will be able to cover VA's needs through enhanced use leases. Regardless of whether they materialize, they will not be the same thing as veterans-only facilities that guarantee veterans access.

The Cares plan says it includes both closures and expansions. Nothing should be closed until all expansions are funded, built and operational. To close facilities without making sure that expanded facilities are funded built and operational elsewhere risks depletion of the veterans' system capacities. When capacity is lost, the VA will be able to privatize and say, "no one will lose his/her job".

CARES is NOT about moving facilities and capacity to locations where veterans are. It is about closing down facilities and reducing capacity so that veterans' care can be privatized and veterans no longer have access to specialized, veterans-only facilities and care. Privatization will cost more and veterans will get less—lower quality, less continuity, less specialized care, less commitment, and less recognition. Thousands of

veterans will lose their jobs. Taxpayers will lose. Veterans will lose. Federal employees who have devoted their lives to the care of veterans and the promotion of their interest will lose. BUT private nursing home operators and others in the private industry will win big.

Distinguished members, thank you for giving me the opportunity to address this body.

My name is Kevin J. Flanagan. I am an elected official of Local 2245 of the American Federation of Government Employees-AFL-CIO. I serve as president of approximately 300 hundred employees at the VA Hudson Valley Health Care System at Castle Point NY. I am also a member of the Veterans of Foreign Wars, Post 8691.

When I first heard of C.A.R.E.S., It brought me back to my early days in school. CARE abbreviation for Cooperative for American Relief Everywhere. How nice, the VA is going to expand relief to more Veterans. Well Yes and No. As employees of the largest healthcare system, we were asked few years ago to go out and get more veterans to sign up. We did and then it was discovered we could not handle the new influx. The decisions of past Administrations mismanaged this most needed government services.

Castle Point VA is located on the Hudson River between NYC and Albany. Our general population of veterans consists of general medicine, SCI, long term care, ambulatory care clinics, CBOC, mental health, and urgent care. The number of NEW patients in 1994 was about 8000, in 2002 the number rose above 20,000. Outpatient Visits at Castle Point was slightly over 50,000 in 1994 and rose to just under 150,000 in 2002. This trend will continue as we confront the war on terrorism and the graying of America

Fundamentally, the Veterans system does for the veteran's population what National Health care could do for the entire population. Once described as giving second-class medicine, the veterans' health system has made advances in recent years. The VA is controlling drug cost in ways unequaled in private or public healthcare.

We question the focus of CARES by forcing facilities to develop a strategy for closing beds- inpatient and long term care beds- it appears that the desire for reductions is being put ahead of the needs of veterans. During the past five years the VHA has cut nine percent of its healthcare workforce. Direct patient care staff, such as Physicians, and Nursing Assistants, makes up a significant number of staffing losses. The number of RNs and LPNs has barely held its own, even though the VA staff is treating more and more veterans who are older and sicker. The number of physicians employed by the VA has been cut in half. The VA failure to adequately staff VA medical facilities, outpatient clinics, and long-term care facilities has hurt veterans' access to care.

AFGE is proud to represent approximately 150,000 VA employees who care for our nation veterans and ensure that they and their families receive the benefits and services they have earned. Our members are the VA workers who heal, treat, care for, bathe and feed veterans and maintained the VA facilities. They tend to the emotional and physical wounds of war that still affect the men and women who served our country. The VA employees stand ready to care for the brave men and women in our armed forces who will be tomorrow's veterans.

Privatization of housekeeping, laundry, plant operations, grounds maintenance and food services will likely cut jobs held by veterans. Roughly 58% of all blue collar employees

at the VA have veterans' preference status. It is troubling that the BUSH Administration is pressing the VA to contract out the jobs of veterans.

The dedication, professionalism and compassion of the VA employees give meaning to our nation's commitment to veterans' everyday and providing veterans care at a VETERANS FACILITY was a "Solemn Promise that CARES is trying to break".

Kevin J. Flanagan
President, A.F.G.E. Local 2245
Castle Point Campus
VA Hudson Valley Healthcare System

Market Plan Response Statement/Testimony

Submitted by Catherine Benjamin - Bovell

. In the past few weeks much information has been circulating regarding the possible closure of in-patient services at the New York Manhattan Campus. It is believed that this came from a preliminary review by the CARES commission on the Market Plan submitted by VA Networks. This has raised serious questions from many veterans, service organizations, families, employees and elected officials as to whether this is the best alternative to promote enhanced services. I offer the following to be considered in the final review process and the decision to accept, modify or reject the Market Plan submitted by New York Harbor Healthcare System in Network 3

Access: 1

Many of our veterans come to the New York Campus for comprehensive care because it is much more accessible to public transportation. A large percent of this population is the frail elderly with caregivers/spouses that are in similar medical condition. Also, our large number of veterans that are homeless and mentally compromised would find a change in location to be a significant hardship. Statistics will show that many veterans who live outside of Manhattan (primarily Brooklyn) utilize services at the NY Campus, which reflects patients' commitment to travel to an accessible location in order to receive quality comprehensive care.

Familiarity:2

Many of the older veterans have had long standing relationships with the healthcare provider and the current environment. We should not lose sight of the fact that our veterans are rapidly aging and as they age, **familiarity** is not only a source of comfort but also a matter of predictability and trust in the system. If the recommendation results in changes in the care delivery system, staff must be prepared to provide emotional and supportive interventions during every encounter with the veteran.

Confidence:3

Because of our long standing and loyal affiliation with one of the world's renowned medical facility, New York University Medical Center veterans and their families have developed trust in knowing that they would receive the best cutting edge treatment modalities. It is well documented that people travel from across the nation and abroad to come to NYUMC for care. Our veterans do not want to trade in the confidence and ongoing opportunities to be the recipient of best practice in the delivery of quality health care.

Workforce :4

Knowing quite well that many of our (VA) professional and skilled employees are aging and are caregivers of aging families, I urge that care be taken to provide appropriate assistance and support to this group, if and when relocation of work site is recommended. Similarly, employees in the childbearing age and raising young children should be given equal attention in meshing family needs with employer expectations, which when well blended will promote "Patient and Employee Satisfaction" and the VA as the Employer of Choice".

Let me take this opportunity to thank the Commission for inviting me to the public hearing and to give this testimony.

**LOCAL COUNCIL OF NURSING PRACTITIONERS,
UAN / NYSNA, BROOKLYN CAMPUS
ADDRESSING THE “CARES” COMMISSION SEPTEMBER 17, 2003**

On behalf of the Registered Nurses at the Brooklyn Campus of the NYHHS, I welcome the “CARES” Commission to VISN 3.

I also welcome the opportunity to speak to you today.

In preparing for this day, I visited the web site recommended in the letter of invitation. Hoping to gain more accurate and new information to make relevant comment. I chose to start with the table of contents and list of references.

In studying these list I selected those topics I believed would be of most interest to nurses. Seven chapters and three appendixes were chosen:

1 – Chapter 4: Enhancing Access to Healthcare Services

2 – Chapter 5: Enhancing Outpatient Care

3 – Chapter 6: Ensuring Inpatient Capacity

4 – Chapter 10: Health Care Quality and Need

5 – Chapter 12: Reducing Vacant Space

6 – Chapter 18: Optimizing Use of Resources

7 – Chapter 19: Extended Care Improvements

Appendix A: VISN Market Plan Summaries (VISN 3)

Appendix D: Access Planning Initiatives by VISN (none from VISN 3)

Appendix E: Capacity Planning Initiatives by VISN

That’s what started out as my point of reference. The material was non-complicated and easy to read. However my review did not go as planned. Before I completed my second review of chapters four and five, where they discuss how the study of access to care at one facility was compared to that of another facility, and that, that study was done over a period of three years. Also noting how much travel time was required to access care and services at these facilities. At this point I realized that these access and travel concerns are also issues for the nurse, especially when developing a plan of care with a patient, that involves follow-up.

I believe it was chapter five that mentioned workload, new technologies, and changes in enrollment, the impact of private healthcare providers and Medicare. Then the question was asked, what will this all mean to the present aging population and the new veterans coming from active duty?

This is when my purpose for speaking here was redefined. I realized that nurses as well as veterans are a unique group. That as professionals we need not forget that as nurses, we are people too. As a union representative my concern in this matter is that Secretary Principi will keep in mind that there is a significant group of “key” people involved in the delivery of healthcare to our veterans, and that group is comprised of “Registered Nurses”. No matter what the healthcare arena, hospital inpatient units (Medical, Surgical or Intensive care) Outpatient, CBOC, LTC, ER, OR, Psychiatry, or Rehab. The R.N. is a key member of any staff providing care to the veteran. It is most important that the nurse be able to provide that care in a safe and healthy work environment.

To in no way minimize the VA’s goal to ensuring proper use of resources in providing appropriate, efficient, quality healthcare to our veterans (upon which the RN has significant impact). I must draw your

attention to some other events that will definitely affect the healthcare outcomes for many of those same veterans, which the projected CARES plan seeks to provide for. Which is the nursing shortage.

I was provided with the following information. By the year 2020 the projected shortage of registered nurses will reach 29% (from U.S. Gov. Health Resources and Services Administration, 2002). According to a study by Linda Aiken, there is a clear link between staffing levels and patient success, – for every additional patient over 4 in a nurse's workload, the risk of death increases 7% for surgical patients, (Linda Aiken, JAMA, Oct. 23, 2002). Those are the projected figures, but we are experiencing almost crisis proportion in our facility right now. Nurses have voiced the following concerns. We are also an aging workforce. Some nurses chose early retirement others resigned, but with some incentive might have reconsidered. They also state that morale is low, both in the inpatient and outpatient areas, and believe this hinders our mission and goal of excellent care and patient satisfaction. Every nurse wants to provide safe, quality healthcare to his/her patient. However a stressful work environment does not inspire or promote quality care.

. We acknowledge that change is inevitable, and can be beneficial. However, in order to be successful, the change plan must be one that is well thought out, documented and invites input from those who will be affected by the change. What we do today should not end here.

In this climate of worldwide instability, an organization with staffing needs must consider its retention program. For nurses, this is just as big a drawing card as the recruitment program. In fact in some instances it is just as important if not more.

Nursing Management reports ongoing efforts to recruit registered nurses. However I am asking Secretary Principi to promote and build an even greater program for the retention of nurses in the VA.

Martha Cureton-Childs, Vice President
Council Nursing Practitioners, Brooklyn Campus

Good afternoon, my name is George A. Davis, AFGE President of Local 1119 at the Montrose VAH with affiliate employees at Castle Point. I represent nearly 1100 unit bargaining members and am very grateful for this invitation to express our members' concerns about CARES (Capital Asset Realignment for Enhanced Services). Montrose VA Hospital is located, 26 miles North of Manhattan, in North Western Westchester County. Montrose VAH has national Preservation Historic value and significance. It is named after President Franklin Delano Roosevelt, the 32nd President of the United States. The FDR MONTROSE HOSPITAL is historic properties that have served veterans since 1950. It is laced with magnificent trees that magically blend into the seasons. It characterizes both water and earth natural environments and has served veterans spiritually and meditatively.

This brings us back to the real purpose behind CARES.

"CARES is not about moving facilities and capacity to locations where the veterans are. It is about closing down facilities and reducing capacity so that veterans' care can be privatized and veterans no longer have access to specialized, veterans'-only facilities and care. Privatization will cost more and veterans will get less----lower quality, less continuity, less specialized care, less commitment, less recognition. Thousands of federal employee-veterans will lose their jobs. Taxpayers will lose. Veterans and their families will lose. Federal employees who have devoted their lives to the care of veterans and the promotion of their interests will lose. But private nursing home operators will win big."*1

As a stakeholder, afge local 1119 sees the cares initiative as an attempt to realign the veteran affairs hospitals and give the public false hopes in providing limited health care services for veterans. Veteran services have been cut too much since 1995. At Montrose VAH (FDR), veteran services have been reduced in medicine; psychiatry, mental health, psychology, social work, nursing and other ancillary services for veterans.

More specifically services in Psychiatry, Long Term Care and Extensive Care are not addressed properly and do not meet the unique needs of mental health and geriatric veterans and their families.

FDR Montrose can be refurbished and expanded to provide inpatient services to Chronic and Acute Substance Abuse Rehabilitative Care and PTSD.

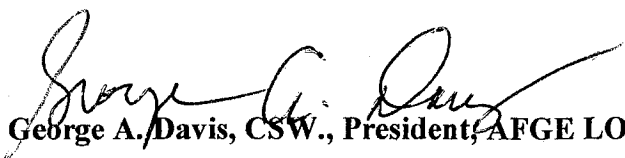
The Veteran Affairs Department and Congress hope to save money by contracting out federal worker's jobs to the lowest inexperienced bidders. There is no proof these people can accomplish the required work. There is no proof contractors can save the American people money. Federal workers are best qualified to meet the new health care challenges for the next 100 years. Privatization and outsourcing federal jobs under the cares management plan is unacceptable to veterans and their families, federal employees and their families and the Montrose politically conscious community at large. The Hudson

Valley community and county entities, including the counties of Orange, Sullivan, Ulster, Rockland, Northern Westchester, Dutchess and Putnam are political stakeholders for the Montrose FDR Hospital. They proved that last year when questions were raised in the media about safety, the shortages of manpower and cuts in existing health programs to sustain adequate and acceptable care to veterans in the region. Overwhelmingly, these communities and veteran advocates voiced their total support to central and National government officials. We hope these officials understand the issues and vote for continued and increased support for the FDR Montrose program.

. As a matter of fact we agree with the Honorable Senator Charles E. Schumer's response: "At a time when many troops are overseas and will need these services when they come home, you want to bolster our veterans' health care, not gut it".

Local 1119 will defend veteran Health Care Services and the federal work force that traditionally provide the best Care. In all fairness this Commission such take the time to listen to patients and veterans. Veteran and Patients are affected by these proposed cuts in Veteran Services.

WE WANT MORE VETERAN SERVICES BOTH INPATIENT AND OUTPATIENT PROGRAMS. THE AMERICAN PEOPLE DEMAND THE VERY BEST FOR OUR VETERANS. LOCAL AFGE 1119 WILL CONTINUE TO COLLABORATE WITH THE COMMUNITY AT LARGE TO GAIN ONGOING POLITICAL SUPPORT FOR ADDITIONAL VETERAN SERVICES. THIS IS THE MOST DEMOCRATIC THING WE CAN DO for veterans and COLLECTIVELY LET OUR VOICES BE HEARD. THIS IS THE MOST DEMOCRATIC THING WE CAN DO TO DEMONSTRATE TO VETERANS OUR APPRECIATION, AND TO KEEP THE PROMISES MADE BY PRESIDENT LINCOLN, A PROMISE MADE TO THOSE WHO UNSELFISHLY SERVED, AND DIED FOR AMERICA; DEFENDING AMERICA, DEFENDING DEMOCRACY.


George A. Davis, CSW., President, AFGE LOCAL 1119

*1 National AFGE VA Council



American Federation of Government Employees

Local #1168, AFGE-AFL-CIO

BRONX V.A. HOSPITAL

130 WEST KINGSBRIDGE ROAD - ROOM 5A-05

BRONX, NEW YORK 10468

Testimony for CARES Commission Public Hearings

Given by Richard Adams, President

AFGE Local 1168

Introduction:

Sir.

My name is Richard Adams. I am a Service Connected Marine, a Combat Viet Nam Veteran, and I have worked at the Bronx VA Hospital for over **22** years. I am the President of the American Federation of Government Employees, Local 1168, located here in the Bronx VA Hospital in New York. **I currently have no Health Care Insurance, and I would have to depend on the Veterans Hospital for medical assistances.**

The **one (1)** thing that we **can** depend on is that **History always repeats itself**. In Washington DC on **July 28, 1932, 18,000** Veterans of the **Great War of 1917** called the **Voters Army (many homeless & starving)** marched on Washington DC demanding **what** they were promised by the United States Government. It's **not** important what they were promise, but what is important **is that** they did **not** received **what** they were promised by our Government. **President Hoover** ordered **General Mc Arthur** to use **1,500** active military service men to **attack** and **disburse** the protesting Veterans. Over **60** years later the United States of America's Government is still **not** keeping its promise to the American Veterans. Any citizen of the United States knows that the American Government **offend lies** to it public for various reasons, but for the **American Veteran** history has **not** changed. We are still being **lied** to, and we are **still not** receiving what was promised (**by the Government**) for the American Veterans.

America has also promised the elderly **that we will not** forget them, but we have already forgotten them. The **elderly** Veteran **will** grow to **500,000** over the next 7 years, and the number of **very** elderly Veterans will **triple** to over **1.3 million** for at least the next **20** years. Veterans with **dementia** or **psychiatric** problems are **neither** cost effective **nor** consistent with the **promise** of lifetime care **that** our **nation** has made to our veteran **population**. **Privatizing** will **not** give these Veterans **specialized care** in their facilities, and would break the **SOLEMN PROMISE** by the Government.

CARES is also breaking this promise. Closing VA facilities that can be **refurbished** to meet the long term care needs of a **large** and **growing** population of elderly veterans. This is a waste of **precious dollars** that **should** be used for the elderly veterans. **CARES** include both **closures** and **expansions** of facilities, but nothing should be **closed** until all the expansions are **funded, built, and operational**. To close facilities without making

IN UNITY LIES STRENGTH

sure that expanded facilities are **funded, built, and operational elsewhere** risks **depletion** of the veterans system, and would mean destruction of good **federal jobs** **overwhelmingly** held by Veterans.

Jobs at Veteran's facilities are some of the best jobs in any community. They have good **pensions, health insurance, regular salary adjustments, training and career development potential**. The workforce is **diverse**, and **commitment** to Veterans is the **top motivator** of this workforce. The same would **not** be true in a private facility where Veterans would be the **minority**, and **no** one would consider **their special problems or needs**. The private sector nursing home industry Trade Association estimates the cost per patient for long-term **care** will exceed **\$100,000** per year in the next decade. The "**not for profit**" **veteran's system** can provide **superior care** to Veterans for a **much lower cost**.

Psychiatric Patients:

I enlisted into the United States Marine Corps in **1963**, and was trained to **kill** on the **sea** and **on land**. At **18** years old I was trained to kill human beings **quietly** and **expediently**, and to **feel no remorse afterward**. I was one of the lucky ones, because I married a woman who was in the military **also**, and understood my problems. Most Veterans are not so lucky. We have heard **stories** of returning Veterans who **loved their family members** when they left **for war**, but when they return **from war** they killed their spouses.

The United States of America is at **war**, and our military men and woman are facing death and destruction every day. Our President has informed Americans that the **road to peace** will take a minimum of **10** years, and **he** has requested **\$87 Billion** for **this** fiscal year alone. Do you think the returning military personnel who have been **programmed** to kill **when orders** can be **deprogrammed** in a **privatized environment**? **The answer to that question is no**. Veterans will only **interact** with other Veterans, and they know that **psychiatry** in VA Hospitals understands the **emotions of war torn veterans**. Civilians do not understand war; they only understand the effects to the economy.

Are we going to **lie** to the American troops **who** are risking their lives **by** telling them that **we** are going to take care of them **when they return** to the United States and become Veterans **themselves**? The Psychiatry departments in VA Hospitals are still helping **Viet Nam** Veterans with **emotional** and **drugs** problems to adjust to every day life. The troops serving in **Iraq** and **Afghanistan** are **ordinary** men and woman **called** upon to do **extraordinary** jobs. They put their lives on the line to protect America. When they return from **battle**, America must **do right thing** by giving them **top-notch** VA medical care.

Adequate Staffing

AFGE is concerned that the funds you provide to VA's are **not** going to **fill staffing vacancies** or **re-open needed inpatient beds**. The VA's management has cut back on **substance abuse programs** to the **detriment** of care for veterans, **particularly homeless veterans**. A veteran **who may need specialized service** may have to **wait for months** for an appointment.

Management fails to acknowledge **publicly** that these problems are related to **shrinking staffing levels**. The use of **overtime, contracts with registry or fee basis nurses, pushing more patients care onto Licensed Practical Nurses and Certified Nursing Assistants, and shunting veterans off to non-VA hospitals**. Our VA hospitals have a shortage of beds, and a shortage of staff to treat veterans. The VA claimed that it has not cut direct patient care staff because it does not count reductions to patient care support staff. Housekeeping, nursing assistants, food service workers and medical clerks are crucial to quality health care. Reductions of these employees do affect patient care adversely. AFGE urges you to hold the VA accountable for any staffing reductions, and the misleading claims that it does not affect patient care.

The amount of money **appropriated** for veterans' medical care is **\$2 billion less** than the amount **allocated** in the **budget resolution** agreed to by **both the House and the Senate**. It is almost **\$3 billion less** than the amount the VA, and the **Office of Management and Budget** estimated as necessary to **fully fund the basic health care** for veterans. This **shortfall in funding** will require VA's to close **5,000 nursing home care beds**, refuse medical care to **1.2 million veterans** seeking care, and **endanger patient safety** in VA hospitals. The effects of giving VA's **fewer resources** would not help to maintain an **operational level of service**. VA's are already **rationing** medical care for the sick and **disable veterans** who are already waiting for medical appointments. You have an opportunity to correct this **injustice**.

Suggested Solution

Whenever the **enlistment** for the Military Service falls below its projected **quota**, the Military Services introduce television commercials. We have all seen them.

- **Be, all that you can be. Join the Army.**
- **We do more by 5am, then the average person does the whole day.**
- **I am 21 years old, and I am responsible for this 25 million airplane. Join the Navy.**
- **The Bold, The Proud, the Marines.**

In my **22 years of service** in the Bronx VA hospital, I have never seen a television commercial directed towards **inspiring Veterans** to use our **VA Hospital facilities**. **Montefiore Hospital** has a **television commercial**, and so does **Mount Sinai hospital**. The VA's commercial would inform veterans of the **benefits that await them** when they **utilize VA facilities**, and the **commercial** would be directed towards giving all Veterans **information**.

We have tried everything to inspire the veteran to use the Veterans Hospital facilities. This is just another suggestion.

Thank you very much for your time.

Many changes have taken place over the years such as: changes to the categories of veterans change accessibility, Veterans' bill, which some believe that most veterans have moved to the Sunbelt (not everyone can afford to move).

Over the next 20 years additional capacity will be needed for long-term and psychiatric care. Veterans' ages 75 and older will increase to 500,00 within the next 6 to 7 years. This increase will continue to rise every year over the next 20 years. The Draft fails to increase the need for long-term and psychiatric care.

How can Dr. Rosewell say that the proposals to close and consolidate the facilities will not disrupt the treatment of the Men and Women who served our country? This proposal will shuffle patients around like a deck of cards, and not the Human beings who helped preserve our freedom. Congress is even skeptical over this proposal.

This proposal does not address the fact that not only will patients be disrupted but their families as well. The families already have the burden of visiting their loved ones in a hospital but now they will have to visit them in a hospital farther away. This proposal also affects Employees who do not drive and rely on public transportation to get to and from work. There are no direct transit lines between Montrose Campus and Castle Point Campus to help accommodate such a move for these employees.

Transporting patients is a major issue due to the fact of understaffing. Employees are now being pulled from their regular jobs to fill positions as drivers because of this shortage of help.

The pay scale between Montrose Campus and castle point campus is different. Montrose Campus is on a higher pay scale because its location is in Westchester County, which is considered the Metropolitan Area.

This proposal also creates a major pay issue. Employees will be forced to work side by side doing the same job and not receiving the same wages. This in turn will create a hostile work environment, which could effect patient care.

In the past the Montrose facility has assisted the surrounding community by accommodating patients from a near-by nursing home that was in major crisis. In the dead of winter 90 patients were evacuated to Montrose campus and these patients were provided with food and shelter until the repairs in their facility were completed.

In conclusion I would like to add that parts of the CARE PLAN lean towards downsizing the work force and privatization of services. During the Federal Shut down we as Federal workers were mandated to work everyday and were not guaranteed a full paycheck on payday. Not knowing when we would get paid we continued to do our jobs with no affect to our patients. If private contractors are hired I guarantee the contractors would not show up for work with out getting paid and our veterans would be the first to suffer.

Kevin Ronco
President AFGE LOCAL 2440
MONTROSE CAMPUS HVHCS.